

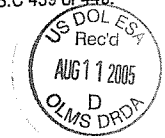
# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



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1. File Number U - <u>5935</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>J</u> <u>Migliaccio Sr.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1507 Rhode Island Avenue, NE</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20018</u>	4. Name, file number, and address of labor organization. Name <u>Rodman Local Union 201 Apprentice Fund</u> Labor Organization File Number <u>038-236</u> P.O. Box, Building and Room Number, if any _____ Street <u>1507 Rhode Island Avenue, NE</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20018</u>
5. Position in labor organization. <u>Apprentice Coordinator</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed \_\_\_\_\_

On 7/11/05  
Date

202 529 6226  
Telephone Number

Name of Person Filing **Robert J. Migliaccio Sr.**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Rodman Local Union 201 Apprentice Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1507 Rhode Island Avenue, NE**City **Washington**State **District of Columbia** ZIP Code + 4 **20018**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Rodman Local Union 201 Apprentice Fund**

Trade Name, if any:

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Street **1507 Rhode Island Avenue, NE**City **Washington**State **District of Columbia** ZIP Code + 4 **20018**

11.a. Nature of such dealing.

**Supplies + expenses required for day to day operation of Apprenticeship office**

11.b. Approximate dollar value of such dealing.

**2,046.31**

12.a. Nature of interest held or income received.

**reimbursed expenses for supplies**

12.b. Amount.

**2,046.31**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **Robert J. Migliaccio Sr.**

File Number U-

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11.a. Nature of such dealing.

Teaching, registering apprentices, attending training classes & conferences, attending state run apprenticeship meetings, recruiting apprentices via job fairs

11.b. Approximate dollar value of such dealing.

**57,048.90**

12.a. Nature of interest held or income received.

weekly paycheck

12.b. Amount.

**57,048.90**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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Street

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State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **Robert J. Migliaccio Sr.**

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Street **1507 Rhode Island Avenue, NE**City **Washington**State **District of Columbia** ZIP Code + 4 **20018**

11.a. Nature of such dealing.

**Attend National Ironworkers Apprentice Conference in San Francisco, CA.**

11.b. Approximate dollar value of such dealing.

**\$2,160.68**

12.a. Nature of interest held or income received.

reimbursed registration fee	\$ 100.00
airfare paid on my behalf	\$ 338.20
7 days per diem @ 75. per day	\$ 525.00
reimbursed hotel expense	\$ 1,197.48

12.b. Amount.

**2,160.68**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Robert J. Migliaccio Sr.

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- ☒ b. Trust
- ☐ c. Employer

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11.a. Nature of such dealing.

Attend classes in San Diego, CA. to upgrade  
my teaching skills & learn new  
technology

11.b. Approximate dollar value of such dealing.

528.40

12.a. Nature of interest held or income received.

expenses paid to me \$150.00  
airfare paid on my behalf \$378.40

12.b. Amount.

528.40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **Robert J. Migliaccio Sr.**

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11.a. Nature of such dealing.

**Attend Trade show in Orlando, FL.  
to learn about new technology**

11.b. Approximate dollar value of such dealing.

**485.77**

12.a. Nature of interest held or income received.

**4 days per diem @ 75. per day \$300.00  
Travel expense \$185.77**

12.b. Amount.

**485.77**

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.